

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

Applicants: Vargas, Jaime; et. al.

Assignee: Cardica, Inc.

Title: Tissue Punch

Serial No.: 10/698,569

Filing Date: October 31, 2003

Examiner: Truong, Kevin T.

Group Art Unit: 3734

Docket No.: 147

**INFORMATION DISCLOSURE STATEMENT**

Commissioner for Patents  
P.O. Box 1450  
Alexandria, Virginia 22313-1450

Sir:

In compliance with the Applicant's duty under 37 CFR § 1.56, the information listed on the accompanying form PTO-1449 is brought to the attention of the Examiner.

Respectfully submitted,



Brian A. Schar  
Reg. No. 45,076  
Attorney for Cardica, Inc.  
900 Saginaw Drive  
Redwood City, CA 94063

08/08/2006 MBIZUNES 00000082 502108 10698569

01 FC:1806 180.00 DA

PTO/5808a(07-06)

Approved for use through 7/31/2009, OMB 0851-0031  
US Patent & Trademark Office, U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

Substitute for form 1449A/PTO					
<b>INFORMATION DISCLOSURE STATEMENT BY APPLICANT</b>  (Use as many sheets as necessary)				<i>Complete if Known</i>	
				Application Number	10/698,569
				Filing Date	October 31, 2003
				First Named Inventor	Vargas, Jaime
				Art Unit	3734
				Examiner Name	Truong, Kevin T.
Sheet	1	of	1	Attorney Docket No: 147	

US PATENT DOCUMENTS					
Examiner Initial *	Cite No	USP Document Number	Publication Date	Name of Patentee or Applicant of cited Document	Filing Date if Appropriate
		US-3777538	12/11/1973	Weatherly, Gilbert L., et al.	
		US-5720756	02/24/1998	Green, David T., et al.	
		US-5782397	07/21/1998	Koukline, Alexandre	

EXAMINER

DATE CONSIDERED

Substitute Disclosure Statement Form (PTO-1449)

\* EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 809. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant. Applicant's unique citation designation number (optional): Applicant is to place a check mark here if English language Translation is attached